

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/611,962-Conf. #3566
		Filing Date	July 3, 2003
		First Named Inventor	Hiroshi INOUE
		Examiner Name	G. A. Smarth
		Art Unit	2146
TOTAL AMOUNT OF PAYMENT		(\$)	940.00
		Attorney Docket No.	0054-0277P

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES								
Fee Description	Fee (\$)	Small Entity Fee (\$)						
Each claim over 20 (including Reissues)	52	26						
Each independent claim over 3 (including Reissues)	220	110						
Multiple dependent claims	390	195						
<table style="width: 100%;"> <tr> <td style="width: 30%;"> Total Claims Extra Claims Fee (\$) Fee Paid (\$) </td> <td style="width: 30%;"> Multiple Dependent Claims </td> <td style="width: 40%;"></td> </tr> <tr> <td> - or HP = _____ x _____ = _____ </td> <td> Fee (\$) Fee Paid (\$) </td> <td></td> </tr> </table>			Total Claims Extra Claims Fee (\$) Fee Paid (\$)	Multiple Dependent Claims		- or HP = _____ x _____ = _____	Fee (\$) Fee Paid (\$)	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)	Multiple Dependent Claims							
- or HP = _____ x _____ = _____	Fee (\$) Fee Paid (\$)							
<table style="width: 100%;"> <tr> <td style="width: 30%;"> Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) </td> <td style="width: 40%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td> - or HP = _____ x _____ = _____ </td> <td></td> <td></td> </tr> </table>			Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)			- or HP = _____ x _____ = _____		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
- or HP = _____ x _____ = _____								
HP = highest number of independent claims paid for, if greater than 3.								

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
_____	_____	_____	_____
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____			Fee Paid (\$)
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...			810.00
1251 Extension for response within first month			130.00

SUBMITTED BY			
Signature	Registration No.	Telephone	(703) 205-8000
	29,680 (Attorney/Agent)		
Name (Print/Type)	Date	October 16, 2008	
Michael K. Mutter			